DOCUMENT RESUME

ED 326 824 CG 023 035

AUTHOR Pakalns, Gail
TITLE Perceived Social Support and Psychological Well-Being in Working Mothers.
PUB DATE Aug 90
NOTE 39p.; Paper presented at the Annual Meeting of the American Psychological Association (98th, Boston, MA, August 10-14, 1990).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Employed Parents; Family Relationship; Friendship; *Mothers; Preschool Children; *Social Support Groups; *Well Being

ABSTRACT

The psychological benefits of employment may be particularly reduced for working mothers by the stresses of parenting young children. This study was designed to investigate specific relations between three sources of perceived support (spouse, extended family, friend) and five aspects of experienced psychological health (tension, depression, irritability, fatigue, and well-being) in 115 married, high-achieving, full-time working mothers of preschoolers from the New York Metropolitan Area. Perceived social support from the extended family was measured by a modified version of the Perceived Social Support--Family scale, perceived spouse support was measured by a modified version of the Perceived Social Support--Family scale, and perceived friend support was measured by the Perceived Social Support--Friends scale. The five aspects of psychological health investigated were measured using scales of the Profile of Mood States: Depression (depression-dejection scale); Tension (tension-anxiety scale); Irritability (anger-hostility scale); Fatigue (fatigue-inertia scale; and Well-Being (vigor-activity scale). Sociodemographic information was collected through a Personal Data Questionnaire. Canonical correlation analysis revealed that 26% of the variation in distress and well-being was accounted for by a composite of perceived social support strongly related to spouse support and moderately related to extended family support. Surprisingly, friend support was unrelated to the psychological variables. The relation found was not influenced by a range of sociodemographic variables. (Author/NB)

**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

ED326824

# PERCEIVED SOCIAL SUPPORT AND PSYCHOLOGICAL WELL-BEING IN WORKING MOTHERS

Gail Pakalns, Ph.D.

Paper presented at the annual meeting of the American Psychological Association, Boston, August, 1990.

CG023035

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Gail Pakalns

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

# Perceived Social Support and Psychological Well-Being in Working Mothers

Gail Pakalns, Ph.D.
State University of New York at Purchase
mailing address: 603 W. 111 St., 7W
New York, New York 10025
212/864-0697

Specific relations between three sources of perceived support (spouse, extended family, friends) and five aspects of experienced psychological health (tension, depression, irritability, fatigue, and well-being) were investigated in 115 married, high-achieving, full-time working mothers of preschoolers. Canonical correlation analysis revealed that 26% of the variation in distress and well-being was accounted for by a composite of perceived social support strongly related to spouse support and moderately related to extended family support. Surprisingly, friend support was unrelated to the psychological variables. The relation found was not influenced by a range of sociodemographic variables.

Working mothers may experience strain or distress while balancing their multiple roles (Gilbert, Holahan & Manning, 1981; Pietromonaco, Manis & Fronhardt-Lane, 1984), yet experience such benefits as a firm sense of mastery and satisfaction with life's variety (Barnett, 1982; Thoits, 1983; Verbrugge, 1983). However, the psychological benefits of employment may be particularly reduced by the stresses of parenting young children (Gore & Mangione, 1983; Kessler & McCrae, 1981).

Daily, chronic strains can be more detrimental to psychological well-being than major life events (Burks & Martin, 1985; Kanner, Coyne, Schaeffer & Lazarus, 1981; Wagner, Compas & Howell, 1985). As a result, working mothers of young children may be at high risk for symptoms of strain. Because increasing numbers of women are working while raising young children, it is pertinent to study factors which might mitigate psychological distress and enhance well-being in this population.

One coping factor explaining some of the individual reactivity to stressful life experiences is social support. Perceived social support is conceptually based on Lazarus' cognitive appraisal model of coping with stress (Lazarus & Folkman, 1984). The most beneficial aspects of social support for well-being appear to be emotional support (Kessler & McLeod, 1985; Thoits, 1985, 1986; Turner, 1983) and perceived rather than actual received support (Barrera, 1986; Heller, Swindle & Dusenbury, 1986; Wethington & Kessler, 1986).

Is it the perception of emotional support availability that matters or the particular source from whom such support is perceived as available? As part of the trend toward greater specificity in this research area, a number of authors have suggested there may be differential effects on psychological well-being of perceived support from different sources (Cohen & Syme, 1985; Shinn, Lehman & Wong, 1984; Wortman & Conway, 1985). It is not yet possible to specify the particular relations that may hold for women between different sources of perceived support and different indices of psychological distress and well-being.

For adult women investigators have not found consistent results when assessing relations between perceived support from more than one source and psychological factors. In several studies of mothers of young children, perceived friend or peer support was found related to general distress and positive mood (Richardson & Kagan, 1979; Wade & Procidano, 1984, 1986) as well as to maternal role stress (Reibstein, 1981). Home-based rather than work-based sources of support have been found more salient for the mood of employed women in contrast to employed men (Holahan & Moos, 1981, 1982).

In this study, specific relations between three sources of perceived emotional support (spouse, extended family, friends) and five aspects of experienced psychological health (tension, depression, irritability, fatigue,

and well-being) were investigated for married, full-time working mothers of preschool aged children. The importance of studying demographic factors in research on perceived social support has been noted (Kasl & Wells, 1985), so the contribution of a range of demographic factors was investigated in the data analysis.

## METHOD

### Recruitment

Research participants were recruited by providing brief information about the study by letter and follow-up phone calls to 155 private nursery, daycare, and preschool programs, 100 women's organizations, and 25 employee groups in the New York Metropolitan area. Two hundred four women responded, and after telephone screening, 135 individual appointments were arranged. Participants were limited by age (minimum 25), marital status (married only), and socioeconomic status (family income of at least $30,000). The latter criterion for participation was included because the impact of stress and the function of social support have been shown to vary between those in lower socioeconomic groups and those of both middle and upper socioeconomic groups (Kessler, 1979; Turner, 1981; Turner & Noh, 1983).

### Participants

Research participants were 115 women from the New York Metropolitan area with at least one child at home between the ages of one month and 60 months, who were working full-time in one position or occupation, whose husbands were full-time employed, and for whose preschool aged children childcare was provided during the work week by a non-relative. No participants were included who had children with handicapping conditions.

The study group consists primarily of highly educated, white, women in their 30's, working in professional and managerial positions. While number of children ranges from 1 to 5, over 60% have one child. The mean age of participants is 35.4 years; 90% are white, 4% black, 3% Hispanic,

3% Asian. Slightly more than half are Jewish (51%), while 21% are Protestant, 14% Roman Catholic, and 14% with another or no religion. The age range of youngest child is from 4 months to 60 months, with more women with youngest children in the 24 to 36 month range, most likely due to recruitment methods used. Mean number of children was 1.45. Eighty-seven percent live in one of New York City's five boroughs, while 13% live in suburban communities from Long Island to Connecticut. Eighty percent have had some post-graduate education, and only 10% have less education than a college degree. These women work in positions consistent with their education in business and banking (24%), health and mental health (24%), education (18%), and non-profit or government service (9%) primarily. Their work week ranges from 35 to 60 hours with a mean of 40.6 hours. Husbands' work hours range from 35 to over 70 hours with a mean of 46.1 hours. While about 20% of participants work 45 or more hours per week outside the home, close to half their husbands work 45 or more hours per week. Family income ranges from $30,000 to $250,000; mean family income is $83,626; median family income is $75,400. The study sample most frequently utilize babysitters in their own homes or day care and nursery programs rather than family day care arrangements. Sixty percent have had professional counseling or therapy in the past; just over 16% are currently in such treatment.

## Measures of Perceived Social Support

Perceived Social Support--Family (PSS-Fa) is a self-report scale developed by Procidano and Heller (1979, 1983) based on Lazarus' model of coping with stress (Lazarus, 1966; Lazarus, Averill & Opton, 1974). Instructions for PSS-Fa were modified in this study so that responses concerned family other than spouse and children, i.e., extended family.

Perceived spouse support (PSS-Sp) was measured by a modified version of PSS-Fa, substituting "spouse" for "family" in items and instructions. This scale, PSS-Sp, was developed by Wade and Procidano (1984, 1986) for studies of adult, pregnant women and of mothers of young children.

Perceived friend support was measured by the Perceived Social Support--Friends (PSS-Fr) scale (Procidano & Heller, 1979; 1983).

Most of the available psychometric data on PSS-Fa and PSS-Fr is based on research with sample groups substantially different from that of the present study (e.g., undergraduates). Therefore, the psychometric adequacy of these instruments for the present study was established in a pilot. In addition, because scant psychometric data is available on PSS-Sp with comparable populations, the same pilot procedure was followed for this instrument. Since Chronbach's alphas of .70 are considered adequate for research purposes (Nunnally, 1978, p.245), the coefficient alphas obtained indicate reliability: PSS-EFa, .92; PSS-Fr, .94; PSS-Sp, .91. The pilot sample consisted of 30 women, meeting the same criteria as for research participants.

Measures of Psychological Health

The five aspects of psychological health investigated here were measured using scales of the Profile of Mood States (McNair, Lorr & Doppleman, 1971): Depression (depression-dejection scale); Tension (tension-anxiety scale); Irritability (anger-hostility scale); Fatigue (fatigue-inertia scale); Well-Being (vigor-activity scale). While negatively related, the fatigue-inertia and vigor-activity scales appear to be independent factors rather than opposite poles of a single bipolar factor. Because most psychometric data on the POMS are based on research

with substantially different sample groups than the present study, a pilot study was done to establish the internal consistency reliability of this instrument for the present study sample. The following coefficient alphas were obtained for the POMS: Depression, .89; Tension, .87; Irritability, .92; Fatigue, .89; Well-Being, .81.

## Sociodemographic Variables

Demographic data were gathered through a Personal Data Questionnaire. Items were included for sample limitation (e.g., family income) as well as for sample description (e.g., religion, residence). In addition, items were used concerning person variables related to perceived social support or psychological health (e.g., number of children). Last, items were used to tap variables significantly related to POMS subscale scores in normative sample groups (e.g., therapy experience).

## Intercorrelations Among the Measures

Zero-order correlations of perceived social support and the psychological variables are presented in Table 1. Perceived support from one source is not meaningfully related to perceptions of supportiveness of other sources for this study group. Correlations among POMS scores, however, are more substantial. There are significant, high correlations between Depression and both Tension and Irritability. To the extent that the nature of the sample group determined the high level of these correlations, a less homogeneous sample group might have less correlated POMS scores. In comparison with correlations among POMS scales for a normative student group, the present study sample has more consistent

and higher correlations among the negative mood states, more consistent moderate correlations between Fatigue and the negative mood states, and more consistent and substantial inverse correlations between Well-Being and the other mood states. Demographic and developmental life stage differences between the present study sample and POMS norm groups might account for these differences. The highly intercorrelated POMS scores might reflect the maturity and integrated sense of self of women excelling in major life areas. They might also reflect sophistication about self-report measures and the belief that consistency is an indication of maturity and psychological health. Last, the highly correlated POMS scores might indicate the limitations of symptom-oriented measures with a highly educated and clinically sophisticated population.

## RESULTS

Several research questions were posed: 1) consistent with other research findings, will the perception of available support be related to the psychological health of working mothers of young children; 2) will the perceived supportiveness of spouse be more closely related to different indices of distress than perceived supportiveness of extended family and friends; 3) will a sense of well-being be most closely related to perceptions of support from any particular source; and 4) will working mothers' age, race/ethnicity, number of dependent children, youngest child's age, family income, and present or prior counseling/therapy influence the relation between perceptions of support and psychological health, and if so, in what way?

Data were analyzed in several ways. First intercorrelations among perceived social support, psychological variables, and person variables were done (Table 1). A canonical correlation analysis was done to evaluate the relation between the two sets of variables while taking into account

the correlations among variables within each set (Table 2). Because canonical correlations demonstrate the maximum correlation between composites or dimensions of sets of variables, a conservative estimate of the relation between sets was done through analyzing the explained variance and redundancy (Table 3) (Cooley & Lohnes, 1971). A multiple regression analysis of well-being on perceived social support was performed to see the unique contribution of each perceived social support variable after partialling out the influence of the others (Table 4). Last, analyses were performed to evalulate the influence of person and socioeconomic variables: analysis of variance for groups based on race/ethnicity (Table 5); means and standard deviations for groups with and without past counseling/therapy and with and without current counseling/therapy (Tables 6, 7); zero-order correlations of perceived social support and psychological variables after removing the influence of person variables (Table 8); a multiple regression of well-being on perceived social support using residualized variables (Table 9); and a second canonical correlation performed after removing, from both sets of variables, the variance attributable to participants' age, race/ethnicity, number of dependent children, age of youngest child, family income, and present and prior counseling/therapy (Table 10).

Research Question 1

The first canonical correlation ($R_c$) between a linear composite of perceived social support variables and a linear composite of the psychological health variables was .51, significant at $p < .001$ (Table 2). The first Canonical Variate (composite) is most strongly related to perceived spouse support, moderately related to perceived extended family support, and weakly related to perceived friend support. The Canonical Variate (composite) for the second set is highly related to all of the psychological distress and well-being variables except Fatigue, to which it is moderately

related. Therefore, 26% ($R_c^2$) of the variation in a composite of working mothers' psychological distress and well-being is accounted for by a composite of perceived social support strongly related to perceptions of spouse supportiveness.

Fifty-three percent of the variance in psychological health is explained by the composite for that set, while 38% of the variance in perceived social support is explained by the composite for its set (Table 3). The perceived social support set's composite taps only a moderate portion of its domain, whereas the psychological health set's composite more fully represents psychological distress and well-being as measured in this study. This finding reflects the higher intercorrelations among the psychological variables relative to the less meaningful correlations among the perceived social support variables (Table 1).

The redundancy statistic represents a percentage of the variance in one set that is explained by the other set's composite. Conservatively, approximately 10% of experienced psychological health is explained by a factor of perceived social support, and about 14% of perceived social support is explained by a factor of psychological health. Both redundancy statistics reach meaningful levels.

Research Question 2

The second and third research questions were framed with the expectation that the complexity of the relation between perceptions of support and psychological health might require more than one significant canonical correlation to adequately explain the nature of the relation. This turned out not to be the case. Perceived spouse support is not related to psychological distress along a different dimension than perceived extended family support and perceived friend support. On the one significant dimension found (Table 2), both perceived spouse and extended family

support load heavily along with all the psychological distress variables, whereas perceived friend support does not. In addition, perceived spouse support has small, significant, inverse correlations with all the psychological distress variables (Table 1), however only the correlations of PSS-Sp with tension and irritability meet the criterion of meaningfulness (i.e., $r$ = .30) (Thorndike, 1978). Perceived extended family support has significant but small inverse correlations with several negative mood states, however only the correlations with depression and irritability are at meaningful levels. Perceived friend support is not related to any of the psychological variables.

This research question is answered with a qualified yes. While perceptions of spouse supportiveness are closely related to psychological distress, perceptions of friends supportiveness are not. Perceived spouse support may be uniquely related to tension, while perceived extended family support is uniquely related to depression.

Research Question 3

This question anticipated two possibilities: a) that well-being would be related to different sources of support along different dimensions; and b) that well-being might have a different relation to perceived social support than psychological distress.

The canonical correlation reveals (Table 2) that on the one significant dimension found, well-being loads heavily, but the other psychological variables do as well. To the extent that well-being is importantly related to the psychological health composite, it appears most closely related to perceived spouse support. However, since well-being cannot be separated from the absence of tension, depression, irritability, and fatigue, we must look further at zero-order correlations and a multiple regression analysis to answer this question.

Only the correlation of perceived spouse support with well-being is both significant and meaningful (Table 1); neither perceived extended family support nor perceived friend support is significantly correlated with well-being. Results of a multiple regression analysis of well-being on perceived social support (Table 4) indicate a multiple correlation of $R = .43$. Only perceived spouse support makes a significant, unique, contribution to well-being. In essence, adding the other two sources of perceived support adds very little to the explained variance of well-being. A second supplementary multiple regression was performed using residualized variables (i.e., after partialling out working mother's age, race/ethnicity, number of dependent children, youngest child's age, family income, and present or prior counseling/therapy). Results were almost identical with the first regression analysis (Table 9).

This research question is answered affirmatively. A sense of well-being is most closely related to perceptions of support from spouse.

Research Question 4

Zero-order correlations of person variables show the only significant and meaningful relation is an expected one: between mother's age and age of youngest child ($r = .32$, $p < .001$) (Table 1). Analysis of variance results for groups based on race/ethnicity found no significant differences in perceived social support or psychological health (Table 5). There is a significant difference in perceived friend support between those with and without past counseling and therapy, however, this difference only approaches a meaningful level (i.e., the difference in means does not equal or exceed ½ their average standard deviation) (Cohen, 1977) (Table 6). Women currently in treatment perceive their extended families as significantly less supportive and report significantly more depression in comparison with women not currently in counseling/therapy (Table 7).

however, only the first of these group differences reaches a meaningful level. In addition, the large difference in size of the groups warrants cautious interpretation of this finding.

In order to answer Research Question 4, a second canonical correlation was performed after removing from both sets of variables, by partial correlation techniques, the variance attributable to participants' age, race/ethnicity, number of dependent children, youngest child's age, family income, and present and prior counseling or therapy (Table 10). Comparison of the results of the first canonical analysis (Table 2) with the second reveals that the number and magnitude of significant canonical correlations as well as the nature of the relation between the two sets of variables are almost identical. Equivalent results are revealed comparing shared variance and redundancy statistics for the first and second canonical correlation analyses (Tables 3 and 11). In addition, zero-order correlations of perceived support and psychological variables, after removing the influence of person variables, reveal the same relations as in Table 1 (Table 8).

Research Question 4 is answered negatively. Working mother's age, race/ethnicity, number of dependent children, age of youngest child, family income, and present and prior counseling or therapy do not influence the relation between perceived support from spouse, extended family and friends and psychological distress and well-being.

Verbal Responses

After completing the instruments, participants expressed a variety of responses, and frequently these discussions lasted longer than the time required for the instruments. Most often they wanted to know the range of other working mothers' responses. Many expressed surprise at how negatively they felt their responses to the POMS were, how con-

tradictory they felt their responses were (e.g., tired but energetic), and how infrequently they engage in such self-reflection. Most noted the importance of friends' support, particularly that perceived as available from women friends. A number noted that even husbands actively involved with parenting do not appear to experience the conflicts the participants felt in combining working full-time and parenting a pre-schooler.

## DISCUSSION

### Salience of Spouse and Family Support

In keeping with the results of numerous studies of adult women (Holtzman, 1982; Lieberman, 1982; Reardon, 1982; Vanfossen, 1986; Wethington, 1982), the results of this study indicate that perceptions of spouse support are most salient for the psychological well-being of working mothers of young children. These women may, quite literally, have very supportive husbands. Perceptions of their support may help in coping with a demanding life situation by, for example, positively viewing husband's ideas for handling work-home conflicts or by minimizing the importance of experienced strain. On the other hand, these women may be selectively attending to and highly valuing whatever emotional support they do receive from husbands. Or these women may be cognitively restructuring their perceptions of husbands toward the more benign so that felt conflicts and distress are reduced.

Extended family members are perceived as the least supportive of the three sources. Whether or not this reflects an accurate perception, a rose-colored view of very unsupportive families, or a negative view due to unreasonable expectations of emotionally giving families, cannot be clarified. But positive perceptions of support from extended family members do serve as a coping resource in the maintenance of positive mood.

Spouses live at the intersection of work-home demands and efforts to resolve work-home conflicts. Women's experienced conflict or overload with regard to this work-home intersection would naturally involve husbands. Extended families, on the other hand, do not live at his juncture and are not part of participants' regular childcare and household arrangements. Yet expectations or longings may be for them to be so. Perhaps these women feel the need for greater family involvement. Comments from a number concerning desire for more extended family help with babysitting, for example, would fit this interpretation. Or these women may, because of their own socialization,value the support and understanding of family members whose sex roles have been more traditional, as they described their own and husband's parents. It may be that highly achieving, independently functioning mothers feel a sharp need for traditional family involvement, so their perceptions of family supportiveness play a meaningful role in coping well with demands of working and parenting simultaneously.

An alternative explanation for the present results would be that women's relatively positive mood affects their perceptions such that they are more positive or hopeful about others. However, perceptions of one source as supportive are not related to perceptions of the supportiveness of others. Also, perceived friends support is not meaningfully related to psychological distress or well-being. Therefore, there does not appear to be a generalized effect on perceptions of others attributable to mood.

Perceived Friend Support

The fact that perceptions of friends' supportiveness was not related to experienced psychological health is all the more surprising because friends were perceived as the most supportive of all three sources, and because participants frequently voiced the felt importance of friends' support. The results might be related to the demanding nature of the schedules of participating mothers. One wonders how much time is available for socializing with friends after work and family commitments. If time with friends is at a premium, contacts only with very supportive friends might be maintained, so that perceptions of friends' support would not vary as would mood.

Alternatively, such perceptions may be related to identification. If friends are also working mothers, participants may perceive them

in an unvarying favorable light much as they present themselves in terms of mood. Also, the unvarying quality of perceptions of friends may reflect the degree to which women actually ask for emotional help. If contacts with friends are infrequent, turning to them for support might be infrequent as well. A more idealized picture of friends' potential supportiveness, relatively untested, could be maintained. With husbands and extended families, if women actually turn to them more frequently for emotional support, they would experience a greater range of satisfaction and disappointment with the resulting interactions.

Last, it may be that high-achieving working mothers not only select and/or maintain only supportive relationships due to time constraints, but that because of the special nature of their life circumstances and the variety of demands they experience, they are particularly sensitive to issues of support and encouragement needed to cope well with this challenging situation. To provide and receive such support may create a web of sustaining relationships and connections that help some women function at such a demanding level. The emotional sustenance gained may be crucial, so that only such sustaining relationships would be maintained.

Research Questions 2 & 3

Different sources of perceived support were not found to be related to psychological health along different dimensions. Distress variables were not related to perceptions of support along a different dimension than a sense of well-being. The utility of assessing perceived support from a variety of sources rather than global measures of such perceptions is confirmed (Schaefer et.al., 1981; Thoits, 1982). On the other hand, the need for specificity in psychological symptom measures in relation to perceptions of support is not confirmed.

Research Question 4

The stability of the results, after assessing the influence of person variables, may be due to both the relative homogeneity of the study sample and to the relative importance of cognitively oriented coping strategies for this highly educated group. The effects of sociodemographic factors would be expected to be less important with a relatively homogeneous group. On the other hand, perceptions of support may be psychologically consequential because of the particular salience of cognitive coping strategies, which help with problem-solving and reducing distress through changing plans, attitudes, and meanings. As with other highly educated, working mothers of young children (Elman, 1981), the present group may rely frequently on coping strategies such as cognitive restructuring to think differently about a situation and attribute different meanings to it.

Comparison of this Group with Others

In contrast to the results of several other studies of working mothers of young children (Cleary & Mechanic, 1983; Gore & Mangione, 1983; Walker & Walker, 1980), these women are not particularly vulnerable to symptoms of depression, tension/anxiety, or psychophysiological symptoms. The level of experienced distress is quite low in comparison with some sample groups (Gilbert et.al., 1981; Haw, 1982). The present study sample may experience less strain than some due to the strength of their coping resources, such as perceived social support. If a woman experiences strain in combining multiple roles, but uses a variety of effective coping behaviors, she may handle the problem-solving and emotional demands of her situation so well she does not experience symptoms of distress.

It may also be that symptom-oriented measures used in the present study do not tap some of women's felt strain. These women may feel time pressures, conflicts between internally felt role expectations, dissatisfaction with certain areas of their lives, or feel they have no resources to handle extraordinary events (e.g., deaths, sudden illnesses, large holiday plans) above and beyond their already pressured daily lives. However, these felt strains might not be reflected in symptom-oriented measures, giving a somewhat positively skewed picture of their experience.

The highly intercorrelated POMS scores might reflect maturity and integrated sense of self. They might also indicate the limitations of symptom-oriented measures with a highly educated and clinically sophisticated population. With less clinically oriented measures of positive and negative aspects of well-being (e.g., life satisfaction, strain related to time pressures, pleasure in social life, conflict in relationships, satisfaction with family life) one might find more variability and, therefore, less highly correlated measures.

Discrepancies between Verbal and Written Responses

The women are, on average, coping very well with their demanding life situation. However, many participants verbally expressed their disappointment with extended families' attitudes and helpfulness and their frustration with husband's lack of understanding of and willingness to change inequitable distribution of home and childcare work. In addition, many participants expressed their surprise at how negatively they felt they had described their mood.

It is the impression of the investigator that these women were not aware of discrepancies between written and verbal exchanges. In fact, references to test responses they had just made indicated they often felt they had described themselves as rather strained, tired,

and dissatisfied with at least some of the emotional support they perceived as available to them. Perhaps the women have equally demanding standards for performance in personal as well as professional spheres. If so, they may experience deviations from ideal mood and ideal perceptions of important others as quite substantial, even when they are, by psychometric standards, rather small. Alternatively, since only positive perceptions of support were measured, not conflict and strain in relationships, perhaps the aspects of relationships most closely related to participants' verbal responses and comments were not measured in the present study.

Understanding the nature of the apparent discrepancies between written and verbal responses could be addressed in future research using other methodological approaches such as interview data or intensive case studies, assessing psychological health with less symptom-oriented measures, assessing strain and conflict as well as support in perceptions of important others, and using more heterogeneous sample groups. A more in depth evaluation of working mothers' enjoyment of a variety of social roles, strain related to time pressures, perceptions of overload of parental and home responsibilities, distress about conflicts in work-family priorities, and enjoyment in one's social life could add to an understanding of the challenges, strains, and effective coping strategies for working mothers of young children. Last, the felt strain and/or pleasure of performing the executive or managerial functions in the home arena is a frequently discussed issue by the present study sample which future research could further evaluate in terms of its relation to psychological distress and well-being for women in this challenging life situation.

## Table 1

Correlations Among Person Variables, Perceived Social Support, and Psychological Variables

($N$ = 115)

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Age | 1.00 | .10 | .10 | .32*** | - .06 | - .10 | .23** | - .01 | - .01 | .05 | .03 | - .07 |
| 2. Number of children | | 1.00 | .05 | .05 | - .13 | - .03 | - .07 | - .01 | .02 | - .01 | .01 | - .03 |
| 3. Family income | | | 1.00 | - .10 | - .07 | .07 | - .07 | .05 | - .02 | - .03 | - .00 | .00 |
| 4. Youngest child age | | | | 1.00 | - .01 | - .14 | .20* | - .08 | - .08 | - .04 | - .14 | .04 |
| 5. PSS-Sp | | | | | 1.00 | .16* | .18* | - .31*** | - .29*** | - .32*** | - .28*** | .43*** |
| 6. PSS-LFa | | | | | | 1.00 | .11 | - .22** | - .36*** | - .31*** | - .13 | .09 |
| 7. PSS-Fr | | | | | | | 1.00 | .03 | - .06 | - .03 | - .06 | .04 |
| 8. Tension | | | | | | | | 1.00 | .75*** | .67*** | .58*** | - .36*** |
| 9. Depression | | | | | | | | | 1.00 | .72*** | .50*** | - .31*** |
| 10. Irritability | | | | | | | | | | 1.00 | .50*** | - .27** |
| 11. Fatigue | | | | | | | | | | | 1.00 | - .39** |
| 12. Well-being | | | | | | | | | | | | 1.00 |

*$p$ < .05

**$p$ < .01

***$p$ < .001

Table 2

Canonical Correlation Analysis of Perceived Social Support and Psychological Distress and Well-Being

| Variable | Canonical Variate I | | Canonical Variate II | | Canonical Variate III | |
|---|---|---|---|---|---|---|
| | Weights | Structure Coefficients | Weights | Structure Coefficients | Weights | Structure Coefficients |
| Perceived Social Support | | | | | | |
| PSS-Sp | .85 | .90 | - .58 | -.41 | .02 | .16 |
| PSS-EFa | .44 | .56 | .89 | .82 | - .22 | -.11 |
| PSS-Fr | -.09 | .11 | .20 | .19 | 1.00 | .98 |
| Psychological Distress and Well-Being | | | | | | |
| Tension | .00 | -.70 | .59 | -.04 | 1.46 | .54 |
| Depression | -.32 | -.78 | -1.13 | -.53 | - .66 | .10 |
| Irritability | -.41 | -.79 | - .17 | -.33 | .16 | .21 |
| Fatigue | .02 | -.57 | .17 | .12 | - .73 | -.24 |
| Well-being | .57 | .77 | - .65 | -.54 | .29 | .21 |
| $R_c$ | | .51 | | .31 | | .14 |
| $R_c^2$ | | .26 | | .09 | | .02 |
| $\chi^2$ | | 33.52* | | 10.76 | | 2.17 |
| df | | 7 | | 5 | | 3 |
| $\Lambda$ | | .74 | | .91 | | .98 |

*$p < .001$

Table 3

Explained Variance and Redundancy

| | % |
|---|---|
| Variance of psychological variables explained by the composite of that set | 52.88 |
| Variance of perceived social support variables explained by composite of that set | 37.93 |
| Redundancy of the psychological variables given the perceived social support variables | 10.00 |
| Redundancy of the perceived social support variables given the psychological variables | 13.94 |

Table 4

Regression of Well-Being on Perceived Social Support: Regression Weights

(N = 115)

| Predictor Variable | b | SE | Beta | t |
|---|---|---|---|---|
| PSS-Fr | -.05 | .11 | -.04 | -.45 |
| PSS-EFa | .02 | .08 | .02 | .26 |
| PSS-Sp | .54 | .11 | .43 | 4.90* |

*p < .0001

Table 5

Means and Standard Deviations of Perceived Social Support and Psychological Health for Groups by Race/Ethnicity

(N = 115)

| | White (n = 103) | | Black (n = 5) | | Hispanic (n = 3) | | Asian (n = 4) | | |
|---|---|---|---|---|---|---|---|---|---|
| Variable | M | SD | M | SD | M | SD | M | SD | F |
| PSS-Sp | 15.92 | 4.47 | 13.60 | 4.56 | 16.00 | 4.58 | 18.75 | 2.50 | 1.00 |
| PSs-EFa | 11.84 | 5.98 | 11.80 | 7.09 | 13.67 | 5.03 | 11.00 | 9.42 | .11 |
| PSS-Fr | 16.22 | 4.58 | 14.40 | 3.36 | 17.33 | 2.52 | 19.00 | 2.00 | .85 |
| Tension[a] | 1.44 | .66 | 1.20 | .83 | .96 | .32 | 1.94 | 1.11 | 1.42 |
| Depression | .59 | .56 | .59 | .67 | .38 | .43 | .47 | .67 | .19 |
| Irritability | .09 | .06 | .08 | .09 | .05 | .04 | .11 | .09 | .61 |
| Fatigue | 1.72 | .88 | 1.37 | .62 | .95 | .68 | 1.71 | .94 | .99 |
| Well-being | 2.05 | .69 | 1.78 | .89 | 2.17 | 1.19 | 2.53 | .37 | .91 |

[a]Means are reported in the original metric.

Table 6

Means and Standard Deviations of Perceived Social Support and Psychological Health for Groups with and Without Past Counseling/Therapy

($N$ = 115)

| | With Past Rx ($n$ = 69) | | No Past Rx ($n$ = 46) | | |
|---|---|---|---|---|---|
| Variable | $M$ | $SD$ | $M$ | $SD$ | $t$ |
| PSS-Sp | 15.55 | 4.40 | 16.48 | 4.47 | 1.10 |
| PSS-FFa | 11.49 | 5.82 | 12.41 | 6.42 | .80 |
| PSS-Fr | 17.06 | 3.91 | 15.09 | 4.98 | -2.37* |
| Tension | 12.49 | 5.76 | 11.37 | 6.66 | - .96 |
| Depression | 8.91 | 8.05 | 8.37 | 8.90 | - .34 |
| Irritability | 11.48 | 7.37 | 9.89 | 7.95 | -1.10 |
| Fatigue | 11.62 | 6.15 | 12.11 | 6.10 | .42 |
| Well-being | 15.94 | 5.07 | 17.17 | 6.31 | 1.16 |

*$p < .05$

Table 7

Means and Standard Deviations of Perceived Social Support and Psychological Health for Groups with and Without Present Counseling/Therapy

($N$ = 115)

| | With Present Rx ($n$ = 19) | | No Present Rx ($n$ = 96) | | |
|---|---|---|---|---|---|
| Variable | $M$ | $SD$ | $M$ | $SD$ | $t$ |
| PSS-Sp | 15.21 | 4.64 | 16.06 | 4.40 | .76 |
| PSS-FFa | 9.16 | 6.85 | 12.40 | 5.78 | 2.16* |
| PSS-Fr | 16.84 | 3.61 | 16.16 | 4.61 | - .61 |
| Tension | 14.47 | 7.41 | 11.56 | 5.77 | -1.91 |
| Depression | 12.52 | 10.73 | 7.94 | 7.66 | -2.22* |
| Irritability | 13.37 | 7.23 | 10.34 | 7.62 | -1.59 |
| Fatigue | 12.84 | 4.57 | 11.61 | 6.37 | - .80 |
| Well-being | 15.95 | 5.12 | 16.53 | 5.71 | .41 |

*$p$ < .05

Table 8

Correlations Among Perceived Social Support and Psychological Variables After Removing the Influence of Person Variables

($\underline{N}$ = 115)

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| 1. PSS-Sp | 1.00 | .15 | .21* | - .30*** | - .29*** | - .31*** | - .30*** | .42*** |
| 2. PSS-EFa | | 1.00 | .18* | - .21* | - .35*** | - .30*** | - .14 | .08 |
| 3. PSS-Fr | | | 1.00 | .04 | - .05 | - .06 | - .02 | .06 |
| 4. Tension | | | | 1.00 | .74*** | .66*** | .59*** | - .35*** |
| 5. Depression | | | | | 1.00 | .72*** | .49*** | - .30*** |
| 6. Irritability | | | | | | 1.00 | .50*** | - .26** |
| 7. Fatigue | | | | | | | 1.00 | - .39*** |
| 8. Well-being | | | | | | | | 1.00 |

*$\underline{p}$ < .05

**$\underline{p}$ < .01

***p < .001

Table 9

Regression of Well-Being on Perceived Social Support After Removing the Influence of Person Variables: Regression Weights

($N$ = 115)

| Predictor Variable | b | SE | Beta | t |
|---|---|---|---|---|
| PSS-Fr | -.03 | .12 | -.03 | -.29 |
| PSS-EFa | .02 | .08 | .02 | .27 |
| PSS-Sp | .54 | .11 | .42 | 4.80* |

*$p$ < .0001

Table 11

Explained Variance and Redundancy After Removing the Influence of Person Variables

| | % |
|---|---|
| Variance of Psychological variables explained by the composite of that set | 53.26 |
| Variance of perceived social support variables explained by the composite of that set | 38.00 |
| Redundancy of the psychological variables given the perceived social support vaariables | 9.85 |
| Redundancy of the perceived social support variables given the psychological variables | 13.80 |

Table 10

Canonical Correlation Analysis of Perceived Social Support and Psychological Distress and Well-Being, Controlling for Person Variables

| Variable | Canonical Variate I | | Canonical Variate II | | Canonical Variate III | |
|---|---|---|---|---|---|---|
| | Weights | Structure Coefficients | Weights | Structure Coefficients | Weights | Structure Coefficients |
| Perceived Social Support | | | | | | |
| PSS-Sp | .86 | .91 | - .56 | -.40 | - .07 | .12 |
| PSS-EFa | .43 | .54 | .91 | .84 | - .20 | -.03 |
| PSS-Fr | -.09 | .16 | .09 | .13 | 1.03 | .98 |
| Psychological Distress and Well-being | | | | | | |
| Tension | .05 | -.70 | .52 | -.07 | 1.54 | .71 |
| Depression | -.33 | -.78 | -1.09 | -.54 | - .39 | .23 |
| Irritability | -.39 | -.77 | - .17 | -.35 | - .41 | .12 |
| Fatigue | -.07 | -.62 | .18 | .13 | - .19 | .16 |
| Well-being | .56 | .77 | - .66 | -.54 | .43 | .18 |
| $R_c$ | .51 | | .29 | | .14 | |
| $R_c^2$ | .26 | | .08 | | .02 | |
| $\chi^2$ | 32.85* | | 9.51 | | 2.10 | |
| df | 7 | | 5 | | 3 | |
| $\Lambda$ | .74 | | .92 | | .98 | |

*$p < .001$

Table 12

Means, Standard Deviations, and Coefficient Alphas for Perceived Social Support and Psychological Health

($N$ = 115)

| Variable | | Mean | SD | Reliability (Alpha) |
|---|---|---|---|---|
| Perceived Social Support[a] | | | | |
| Perceived Spouse Support | | 15.92 | 4.43 | .88 |
| Perceived Extended Family Support | | 11.86 | 6.06 | .92 |
| Perceived Friend Support | | 16.27 | 4.46 | .90 |
| Psychological Health[b] | | | | |
| Tension | ( 9) | 1.34 | .68 | .87 |
| Depression | (15) | .58 | .56 | .91 |
| Irritability | (12) | .90 | .63 | .90 |
| Fatigue | ( 7) | 1.69 | .87 | .88 |
| Well-being | ( 8) | 2.05 | .70 | .86 |

[a]Perceived Social Support scales each consist of 20 items with 1 point scored for each item indicating support.

[b]Psychological health subscale scores were divided by the number of items on each scale (in parentheses) to return the means and standard deviations to the original metric: 0 = not at all; 1 = a little; 2 = moderately; 3 = quite a lot; 4 = extremely.

REFERENCES

Barnett, R.C. (1982). Multiple roles and well-being: A study of mothers of preschool age children. Psychology of Women Quarterly, 7, 175-178.

Barrerra, M., Jr. (1986). Distinctions between social support concepts, measures, and moods. American Journal of Community Psychology, 14, 413-445.

Burks, N., & Martin, B. (1985). Everyday problems and life change events: Ongoing versus acute sources of stress. Journal of Human Stress, 11, 27-35.

Cleary, P.D., & Mechanic, D. (1983). Sex differences in psychological distress among married people. Journal of Health and Social Behavior, 24, 111-121.

Cohen, J. (1977). Statistical power analysis for the behavioral sciences (rev. ed.). New York: Academic Press.

Cohen, S., & Syme, S.L. (1985). Issues in the study and application of social support. in S. Cohen & S.L. Syme (Eds.), Social support and health (pp. 3-22). Orlando, FL: Academic Press.

Cooley, W. W., & Lohnes, P. R. (1971). Multivariate data and analysis. New York: Wiley & Sons.

Elman, M. R. (1981). Coping with conflict between the parental and professional roles: Factors related to choice of coping strategy and coping effectiveness for professional women with preschool children. Unpublished dissertation for the doctorate, University of Texas at Austin. (University Microfilms No. 81-19,286).

Gilbert, L.A., Holahan, C. K., & Manning, L. (1981). Coping with conflict between professional and maternal roles. Family Relations, 30, 319-426.

Gore, S., & Mangione, T. W. (1983). Social roles, sex roles and psychological distress: Additive and interactive models of sex differences. Journal of Health and Social Behavior, 24, 300-312.

Haw, M.A. (1982). Women, work and stress: A review and agenda for the future. Journal of Health and Social Behavior, 23, 132-144.

Heller, K., Swindle, R.W., & Dusenbury, L. (1986). Component social support processes: Comments and integration. Journal of Consulting and Clinical Psychology, 54, 466-470.

Holahan, C.J., & Moos, R. H. (1981). Social support and psychological distress: A longitudinal analysis. Journal of Abnormal Psychology, 90, 365-370.

Holahan, C.J., & Moos, R. H. (1982). Social support and adjustment: Predictive benefits of social climate indices. American Journal of Community Psychology, 10, 403-415.

Holtzman, E. H. (1982). Relationship between social network support and psychological functioning among dual working parents in middle-class Mexican American families. Unpublished dissertation for the doctorate, University of Texas at Austin. (University Mocrofilms No. 82-17,881)

Kanner, A.D., Coyne, J.C., Schaefer, C., & Lazarus, R. S. (1981). Comparisons of two modes of stress measurement: Daily hassles and uplifts versus major life events. Journal of Behavioral Medicine, 4, 1-39.

Kasl, S. V., & Wells, J. A. (1985). Social support and health in the middle years: Work and the family. In S. Cohen & S. L. Syme (Eds.), Social support and health (pp.175-198). Orlando, FL: Academic Press.

Kessler, R. C. (1979). Stress, social status, and psychological distress. Journal of Health and Social Behavior, 20, 259-272.

Kessler, R. C., & McLeod, J. D. (1985). Social support and mental health in community samples. In S. Cohen & S. L. Syme (Eds.), Social support and health (pp.219-240). Orlando, FL: Academic Press.

Kessler, R. C., & McRae, J. A., Jr. (1981). Trends in the relationship between sex and psychological distress 1957-1976. American Sociological Review, 46, 443-452.

Lazarus, R. S. (1966). Psychological stress and the coping process. New York: McGraw-Hill.

Lazarus, R. S., Averill, J. R., & Opton, E. M., Jr. (1974). The psychology of coping: Issues of research and assessment. In G. V. Coelho, D. A. Hamburg, & J. E. Adams (Eds.), Coping and adaptation (pp. 249-315). New York: Basic Books.

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.

Lieberman, M.A. (1982). The effects of social supports and responses to stress. In L.Goldberger & S. Breznitz (Eds.), Handbook of stress: Theoretical and clinical aspects (pp. 764-783). New York: Free Press.

McNair, D.M., Lorr, M., & Droppleman, L. F. (1971). Manual for the Profile of Mood States. San Diego: Educational and Industrial Testing Service.

Nunnally, J. C. (1978). Psychometric theory (2nd ed.). New York: McGraw-Hill.

Pietromonaco, P. R., Manis, J. D., & Fronhardt-Lane, K. (1984, August). Psychological consequences of multiple social roles. Paper presented at annual meeting of the American Psychological Association, Toronto.

Procidano, M. E., & Heller, K. (1979, September). Toward the assessment of perceived social support. Paper presented at annual meeting of the American Psychological Association, New York.

Procidano, M. E., & Heller, K. (1983). Measures of perceived social support from friends and from family: Three validataion studies. American Journal of Community Psychology, 11, 1-24.

Reardon, M. (1982). The perceptions of and the coping with role conflict as experienced by employed married women and as related to work satisfaction. Unpublished dissertation for the doctorate, Ohio University. (University Microfilms No. 83-28)

Reibstein, J. A. (1981). Adjustment to the maternal role for mothers having careers: The impact of the interactions with role colleagues. Unpublished doctoral dissertation, University of Chicago.

Richardson, M. S., & Kagan, L. (1979, September). Social support and the transition to parenthood. Paper presented at annual meeting of the American Psychological Association, New York.

Schaefer, C., Coyne, J. C., & Lazarus, R. S. (1981). The health-related functions of social support. Journal of Behavioral Medicine, 4, 381-406.

Shinn, M., Lehmann, S., & Wong, N. W. (1984). Social interaction and social support. Journal of Social Issues, 40(4), 55-76.

Thoits, P. A. (1982). Conceptual, methodological, and theoretical problems in studying social support as a buffer against life stress. Journal of Health and Social Behavior, 23,145-159.

Thoits, P. A. (1983). Multiple identities and psychological well-being: A reformulation and test of the social isolattion hypothesis. American Sociological Review, 48, 174-187.

Thoits, P. A. (1985). Social support and psychological well-being: Theoretical possibilities. In I. G. Sarason & B. R. Sarason (Eds.), Social support: Theory, research and applications (pp.51-72). Boston: Martinus Nijhoff.

Thoits, P. A. (1986). Social support as coping assistance. Journal of Consulting and Clinical Psychology, 54, 416-423.

Thorndike, R. M. (1978). Correlational procedures for research. New York: Gardner Press.

Turner, R. J. (1981). Social support as a contingency in psychological well-being. Journal of Health and Social Behavior, 22, 357-367.

Turner, R. J. (1983). Direct, indirect, and moderating effects of social support on psychological distress and associated conditions. In H. B. Kaplan (Ed.), Psychological stress: Trends in theory and research (pp.105-155). New York: Academic Press.

Turner, R. J., & Noh, S. (1983). Class and psychological vulnerability among women: The significance of social support and personal control. Journal of Heaalth and Social Behavior, 24, 2-15.

Vanfossen, B. E. (1986). Sex differences in depression: The role of spouse support. In S. E. Hobfall (Ed.), Stress, social support, and women (pp.69-84). Washington, D.C: Hemisphere Publishing.

Verbrugge, L. M. (1983). Multiple roles and physical health of women and men. Journal of Health and Social Behavior, 24, 16-30.

Wade, L., & Procidano, M. E. (1984). Differences in perceived social support between women expecting their first child and women who are mothers of young children. Unpublished paper, Fordham University.

Wade, L., & Procidano, M. E. (1986,August). The effects of child rearing on mothers' social support: Comparisons of women expecting a first child to mothers of young children. Paper presented at annual meeting of American Psychological Association,Washington, DC.

Wagner, B. M., Compas, B. E., & Howell, D. C. (1985, August). Daily and major life events: A test of an integrative model of psychosocial stress. Paper presented at annual meeting of American Psychological Association, Los Angeles.

Walker, L.L., & Walker, J. L. (1980). Trait anxiety in mothers: Differences associated with employment status, family size and age of children. Psychological Reports, 47, 295-299.

Wethington, E. (1982, August). Can social support functions be differentiated: A multivariate model. Paper presented at annual meeting of American Psychological Association, Washington, DC.

Wethington, E., & Kessler, R. C. (1986). Perceived support, received support, and adjustment to stressful life events. Journal of Health & Social Behavior, 27, 78-89.

Wortman, C. B., & Conway, T. L. (1985). The role of social support in adaptation and recovery from physical illness. In S. Cohen & S. L. Syme (Eds.), Social support and health (pp. 281-302). Orlando, FL: Academic Press.